Clear entire form

MH 536
Revised 8/03

CHILD/ADOLESCENT ASSESSMENT - SHORT FORMAT

Identifying Information

Client Name: Last | First | MI DOB: Age:

Primary Language: Secondary Language: Ethnicity:

School: Grade: Admission Date:

Referred By:
Person or Agency Name, Phone #

Current Living Situation: ☐ Ward ☐ Dependent of Court

Primary Caretaker: Name | Address | Phone #

Non-Custodial Parent: Name | Address | Phone #

Legal Guardian/Foster Parent: Name | Address | Relationship

Primary Language: Primary Caretaker Non-Custodial Parent Guardian/Foster Parent

Informant: Language: Relationship:

Reason for Referral/Chief Complaint

Referred Reason	
Current Primary Symptoms/Behaviors	
Recent History of Symptoms/Behaviors, Interventions & Responses to Interview, Including Psychotropic Meds	

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Los Angeles County - Department of Mental Health

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History

	Include new and/or additional information or note sources for existing History, such as Child/Adolescent Initial Assessment.
Mental Health History including Meds	
Drug & Alcohol History & Treatment	
Medical History	
Family Mental Health & Medical History	
Developmental History	
School History	
Juvenille Court History	
Child Abuse & Protect. Services History	
Relevant Family Social History	

Mental Status

(See Child/Adol. Initial Assessment for detail of ME categories below)	
Appearance	
Behavior	
Expressive Speech	
Thought Content	
Thought Process	
Cognition	
Mood/Affect	
Suicidality/Homicidality	
Attitude/Insight/Strength	

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IX. Summary and Diagnosis

A. Diagnostic Summary: (Significant: strengths/weaknesses, observations/descriptions, or list of symptoms.)

B. Admission Diagnosis: (check one Prin and one Sec)

Axis I ☐ Prin ☐ Sec Code _____ Nomenclature _____

(Medications cannot be prescribed with a deferred diagnosis.)

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis II ☐ Prin ☐ Sec Code _____ Nomenclature _____

☐ Sec Code _____ Nomenclature _____

Code _____ Nomenclature _____

Axis III _____ Code _____

_____ Code _____

_____ Code _____

Axis IV Psychosocial and Environmental Problems which may affect diagnosis, treatment, or prognosis

Primary Problem ____ **Check as many that apply:** ☐ 1. primary support group ☐ 2. social environment

☐ 3. educational ☐ 4. occupational ☐ 5. housing ☐ 6. economics ☐ 7. access to health care

☐ 8. interaction with legal system ☐ 9. other psychosocial/environmental ☐ 10. inadequate information

Axis V Current GAF ____ **DMH Dual Diagnosis Code** _____

☐ Above Diagnosis from _____ dated _____

C. Disposition/Recommendations/Plan:

X. Signatures

_____ _____ _____ _____

Assessor's Signature & Discipline* Date Co-Signature & Discipline** Date

*LPHA or PHA student with LPHA co-signature

**Medicare requires signature of M.D. or licensed Ph.D.

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